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**In The Shadow of Hippocrates. Reflective Podiatric Practise. 2018. 1(2):1-7 © Published by Busypencilcase Communications Ltd.**

**A story called ‘In the Shadow of Hippocrates’**

# A look back in history

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**A**s part of my contribution to this year’s annual surgical conference and ‘***A*** ***Look back in Anger’*** series, I reflect on the profession’s kaleidoscope of change. The title, *In the Shadow of Hippocrates*, relates to a book as yet unwritten, but used as a private reference would, if published, emphasise how podiatric surgery raised its game amongst opposition.The title needs little explanation. The content of the book would be served by a wavy timeline of events that carve out the history of podiatric surgery as a story arc. This story does not stand alone from one author, but with the help of co-presenters a feel for the progress made by British Podiatrists can at least finally be told.

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## **The Fairy Tale**

**P**odiatric surgery was a ‘wish’ if not a song based on a prayer! The Fairy Tale associated with podiatric Surgery came from moving from the impossible to to the attainable. This was a profession that should never have been able to mobilise into surgery. Quite simply it did not have medical acceptability. The lack of foundation medicine, absence of access to medication to reverse the effects of surgical complications, almost no access to diagnostics, even the basic practice of utilising x-rays was outside our reach in the sixties.

Chiropodists of that time were only just trying to move away from chemical disinfection of their instruments before the *Little Sister* autoclave, although developed by 1966, was introduced slowly to podiatry in 1980.

**deceive one’s self; for what a man wishes he generally believes to be true.’ Demosthenes (384-322BC).**

Did we deceive ourselves? Were we correct in the early days to take on the surgical establishment armed only with local anaesthetic and no other drugs? All prescription drugs were provided legally by GPs. As Alexander Pope put it, ‘fools rush in where Angels fear to tread’, based on ‘why agree to conduct a symphony when you’ve never heard it!’

We could consider putting *David* slaying *Goliath* on the front of the cover but then this would have almost certainly be misunderstood as a misrepresentation of who the enemy or predators were. Was the enemy orthopaedics? Or, was it a regulator as existed before 2003? For one it was natural protectionism, the other just the usual time needed to establish a new health opportunity. The regulator, the Council for Professions Supplementary to Medicine was ill equipped to deal with surgery within its’ family.

Despite the fact that orthopaedics was stronger, better educated, larger in numbers, part of a medical fraternity of thousands; they were established more than a century earlier, they had the right, the license and legal support to be pre-eminent in the field of foot surgery. However, the smaller man knew from experience that in many cases the giant was not that good and tinkered with foot surgery.

In 1991, Leslie Klenerman, a well respected orthopaedic surgeon, and interested in feet wrote,

**‘The development of podiatry may have come about because of a lack of orthopaedic interest in foot surgery, driving patients to seek alternative sources of help’.**

If one could speak to Mr Klenerman today, he would probably accept that poor interest in the foot started to change with the advent of a specialist orthopaedic Group called BoFAS. Much of the poor quality foot surgery dated back to the seventies and before. I would aver that orthopaedics made us stronger as we had to be better than the weakest orthopaedic surgeon. We too will have had influence on orthopaedics. The Government of the day had no difficulty with competition if it did not cost anything to the exchequer.

**the ‘pot calling the kettle black!’**

Politicians and journalists showed little interest in the advent of podiatry during the seventies. Efforts to discredit correspondence courses by our own profession in the same manner that we were discredited by orthopaedics, backfired when debated on the 1980’s BBC Watchdog programme Nationwide. Such courses had greater political support and did little real harm, and were tolerated. But, organisations providing short courses but without the intense clinical contact state registered chiropodists. Such low standards injured the pride of the State Registered chiropodist who studied for three years full-time and believed that state registration was sacrosanct. It was a question of the ‘pot calling the kettle black!’ The offense could not be any worse for the orthopaedic profession who saw themselves losing the battle to prevent surgical practise without medical training.

Politicians were more interested in healthcare deficits being filled where the risk was low and remained cost neutral. Chiropody was low risk and toe nail surgery was equally ranked as low in concern.

We lacked evidence that we could contribute to healthcare, no-one died! It was not until Dr Clare Laxton[[1]](#endnote-1), an independent researcher, published a cross professional paper in 1985. Nail surgery really looked good in the hands of podiatrists and poor in the hands of surgeons but equivocal when it came to digital lesser toe surgery.

Chiropodists, as podiatrists, started to make a strong case that preserving patient’s limb was profound in the case of one group; that group was the diabetic patient. This started to make a dent in opinion for support and research funding. Communication about podiatry strengthened, but podiatric surgery remained contaminated with cross-border politics and it was clear a bubble would burst. How we represented ourselves was as much down to image as it was through what we wrote. Because writing is indelible it cannot be easily erased once in print. This does not mean it is fact, and books are often out of date by the time they reach shop shelves. By making a statement about who we are and what we do, can establish a platform for further reference.

With the advent of degrees, tutors started to push their trainees for written referenced papers. Today the key journals of *Podiatry Now* and *The Foot,* probably hold the greater proportion of surgical publications produced by members from the surgical directorate. JFAR is considered the new journal of choice because is has high ranking for academic credibility providing a high impact factor. This score relates to citation trends per annum.

The profession of podiatry has come alive with evidence from all sub-specialties and represents a wealth of information from many academic quarters and gifted people who have raised the educational bar. And yet, when it comes down to the coal face, the level at which services are provided, our image still suffers as a variegated patchwork of success and sufferance.

Brand, image and voice continue to play an important role in communication; success is greater where the benefit of good communication exists. Hiding away seldom provides a gain and so those in hospitals where podiatric surgery is accepted, tolerated and contribute, tend to have a stronger edge to service acceptability. When my department were absorbed into the orthopaedic directorate in 2011, I was genuinely delighted as we were now starting to function within an improved playing field. In the community I was working against community management who struggled with their understanding between podiatrists and myself.

**The Changing tide and title**

Borthwick et al[[2]](#endnote-2) points out many causes of attitudes from government wished to end healthcare monopoly. This gave an edge to the podiatric surgeon who by now had created a clear identity away from podiatry, not least as confusion amongst GPs arose. Many thought podiatry meant surgery and chiropody did not. Chiropodists and podiatrists have been seen as interchangeable; decreed by a spurious lack of interest in title emerging from a less than well supported vote in 2011 at the Society’s 66th AGM at Glazier’s Hall, London.

**Does the profession care about title? would be the headline of the day**

Marc Seale for the HCPC considered that the title chiropody would not be protected which sent a scurry of fear for those frightened that patients would not understand the term podiatry. Chiropodists using the dual name chiropodist-podiatrist felt that a single new title would paradoxically affect the understand of older practice patients and lose business if chiropody was dropped. The day was carried by Proxy open votes at 67% of a 700 pole out of a 10,000 membership, a lamentable example of poor comprehension and lost opportunity*. ‘Does the profession care about title?’* would be the headline of the day

Borthwick’s work[[3]](#endnote-3) is well known amongst Podiatric Surgeons and relates to socialisation and acceptance of roles and titles within medical hegemony brought about by the effects of neoliberalism and break in the monopoly of some previously well established groups. This included orthopaedics.

**our research methodology was still in its infancy**

After 1993 podiatric surgery gained new acceptance within the framework of an NHS service due to changes in the GP budget holding community, based on choice - a euphemism for most cost effective.

A number of early publications supported our activity and also quality of delivery, but the gravitas behind our research methodology was still in its infancy. A King’s Fund project gave legitimacy to the growing evidence which arose through a spin-off from a 1994 executive report of the NHS Executive chiropody task force, *Feet First[[4]](#endnote-4)*. Podiatric surgery was identified as one area of interest. The publication[[5]](#endnote-5) became the blue print for our future at a time when a College of Podiatry emerged from collaborative talks. This became a major game saver for the PA brought down by costly expenses during the same period. A smooth career road had yet to emerge into the nations’ largest employer – the NHS.

The King’s Fund publication provided evidence and explanation at an academic and political level and was vital as a key reference communicating that there was a place for podiatric surgery in national healthcare. Podiatric surgery still needed better definition. Journalists seek to influence the direction of healthcare by headline stories. No wider publication was made of this golden opportunity to make capital from the King’s Fund paper or burgeoning transfer of productive day surgery services. Altruistic omissions might have reduced later orthopaedic opposition as the impact of NHS – surgical service integration took hold, largely through the community. The advent of an undergraduate, and thereafter post-graduate MSc programme led to improved research and quality publications and was a positive outcome from the task force project.

Communication by publication is vital but has limitations. A book that tells the story as conflict is naturally attractive but the balance of power can be weakened through the thin isthmus of misunderstanding. Podiatric surgery was never going to remain without conflict inside and outside its own realm. Patients loved it, many podiatrists feared the effect it would have on their own progress. GPs reacted positively to the benefits brought about by fundholding changes. The NHS saved money from reduced admissions and the use of local anaesthetic dovetailed effectively with the new aspiring day-care units.

Positive editorials were published in the General Practitioner (1995)[[6]](#endnote-6) and Foot and Ankle Surgery (2002)[[7]](#endnote-7), and articles such as Helm & Ravi (2003) raised greater awareness of the rapid progress that podiatric surgery was making. Podiatric surgeons had by now brought a wide range of publications into view largely resting on audit of centres demonstrating activity.

During the early nineties three significant life changing factors occurred for podiatric surgery. First the British Orthopaedic Association rejected the Commission on the Provision of Surgical Services report (CoPSS). Secondly this threw a disparate Podiatry Association back into the formal organisation having split in 1988. Thirdly, and of more momentous impact was our emergence into formal competition with orthopaedics through GP Fundholding. We had started to optimise our profession and work within the NHS network, but this was not going to make us friends with orthopaedics anytime soon.

**At the time of writing, the database has nearly hit 100,000 patients.**

More evidence had to be gathered to establish the capacity of our role in the NHS. [PASCOM](http://www.pascom-10.com/information-resources)-2000[[8]](#endnote-8) was established to collect large data over the next 28 years. At the time of writing, the database has reached over 99,500 patients. The system morphed into PASCOM-10 in 2010 as a web based resource centre for members of the College of Podiatry.

***Predatory concerns***

Orthopaedic surgeons saw podiatric surgery as a threat and used methods to expose natural weaknesses in the podiatric surgeon’s (P.S) defence wall. Interestingly they missed out on the difficulties podiatric surgeons faced with prescribing key drugs but access to [prescription drugs](http://www.hcpc-uk.co.uk/aboutregistration/medicinesandprescribing/) came with exemptions in 1997 within the 1968 Medicines Act, then with independent prescribing after 2012. Many podiatric surgeons functioned with very effective local patient group protocols during the years when drug access was limited. No patients were left uncovered and all activity legitimately accessed by independent pharmaceutical scrutiny.

An attack was made through a report by Matthew Freudman in 2004 using a survey. Reported in The Times[[9]](#endnote-9) the publication raised concerns of a threat to its trainee surgeons (BOTA) and the fact that the public thought podiatric surgeons were medical doctors. While the article was disputed as being ‘no danger to the public’ by the organisation’s Dean of the Faculty of Podiatric Surgery at the time, many criticised the quality of the survey which appeared flawed by leading questions. Additionally, it was clear medics as exemplified by anaesthetists were not considered medically qualified. By 2008 Devlin for The Telegraph told a similar story calling for banning of the title surgeon.

Anna Cavell for the [BBC London](http://news.bbc.co.uk/local/london/hi/tv_and_radio/newsid_8400000/8400189.stm) reported problems of podiatric surgeons misleading the public in 2009. This form of communication used imagery and patient interviews to dramatic effect. Banner lines such as lack of accreditation for podiatric surgery were cited. The implications that no-one was overseeing the training of podiatric surgeons.

**‘BBC London has learned that there is no independent body which accredits these training courses.’**

Despite being briefed by the SCP Publicity department and two other Deans, on 2nd July 2012 Louis Rogers for The Daily Mail misled the public as to the length of podiatric surgical training. This would have added to confusion and inevitably caused fractures in the organisation as to limit reputational damage. It appeared that unconfirmed subterfuge had been used to find the soft belly of podiatric surgery.

The Health Care Professions Council replaced the old Council of the Professions Supplementary to Medicine in 2003. The mild form of annotation existing under the qualification ‘FPodA’ used by the Podiatry Associations’ qualified podiatrists with the former Council was removed on a new register. Annotation was intended to help the public identify who practised surgery and thus distinguish them from the role of general podiatry. The HCPC believed their statute restricted them to podiatry alone and interpretation should be applied equally to the speciality of podiatric surgery. Cavell’s report had put the HCPC on the defensive.

***Annotation and accreditation***

Annotation still remains unsolved at the time of writing and has taken since 2013 to set in motion. If it comes into practice it will have taken the HCPC 6 years to act - IF it happens in 2019. The problem of acceptable governance for the profession now lies in the hands of the HCPC, not the College of Podiatry, or The Society of Chiropodists & Podiatrists who did everything to clear up misunderstandings. The accusation that no independent body accredits podiatric training courses was not wholly true.

The then Faculty of the College of Podiatry brought in Royal College of Surgeon Trainers. The RCS then repudiated how we applied our certificates of attendance to provide additional assurance of teaching standards.

Formal podiatric surgical theory training was accredited at Masters level through three universities (Brighton, Scotland’s joint Glasgow-Edinburgh scheme, and Huddersfield Universities), already known to the HCPC. The College accredited their (practical) training programme through an Academic Board (Committee of the Podiatry Academic Board or CoPAB) made of laypeople and other non podiatric surgeons backed by an independent educational Quality Assurance Committee (QAC). CoPAB awarded the fellowship FCPodS and the extended training called certificate of completion in podiatric surgical training (CCPST), but the HCPC failed to work at the outset with the college preferring an independent review following press coverage and the ensuing embarrassment.

***Improving publicity***

As with all publicity, negative and positive, fall out can itself be helpful. The profession reflected on the black hole that might appear in terms of understanding of who we were. Two key leaflets were produced and later a U-tube based film. All podiatric surgeons reviewed their approach to patient interviews. At a BOA-BoFAS committee meeting the Dean gained positive recognition for his Faculty from the patient leaflets[[10]](#endnote-10) produced. By now the profession had established websites and information was made clearer to support oral emphasis that podiatrists practising surgery were not medical doctors (or orthopaedic surgeons). There were strong feelings that dentists did not have to admit they were not medically qualified; so why should podiatrists equally able to perform invasive surgery?

In the meantime, the HCPC found that they were under pressure and six podiatric surgeons found cases raised against them. Not one case led to sanctions or upheld unfitness to practise but much suspicion lay with someone actively counselling patients to complain.

The distinction between the length and depth of training, and responsibility in surgical practise, could be described as a ‘Grand Canyon’ gap. Podiatry 3 years and podiatric surgery 11-12 years. Communication had failed all round and the Faculty at the time had to accept some responsibility, even though that the main flaw was with the professional body and its regulator.

The HCPC cited their legal statute and limitations of imposing new changes within the Allied Health Professions register. The College tried to reach a common goal and unblock any obstruction to progress. The waves produced by the media slowly settled as all parties started new talks which appear to have held.

**Conclusion**

Podiatry has made much progress over five decades with a stronger evidence base than it started with. There are better research ethics fostered by higher degree education. Podiatric surgeons are better trained than ever before, but their requirements typically have pushed them into more years of study and clinical exposure making this a costly career to follow, often without guaranteed job prospects.

It may appear almost coincidental but the publication of a [document](http://www.consultingfootpain.co.uk/wp-content/uploads/2018/03/Facing-the-Facts-Shaping-the-Future-–-a-draft-health-and-care-workforce-strategy-for-England-to-2027.pdf) covering manpower as far as those AHP professions are concerned, has just been made available. The reduction of podiatrist recruitment after 2015 fell to negative growth. Coincidentally orthopaedic foot and ankle surgery and podiatric surgery share the same dilemma. Poor workforce planning and funding. Competition has not ceased neither will there be peace until national manpower is addressed. The risk from all this *white noise* inevitably reduces the

quality care offered to patients by both professions in the United Kingdom.

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10. **Faculty of Podiatric Surgery** together with all other Faculties (medicine, management and education) changed to Directorate of Podiatric Surgery in 2014. [↑](#endnote-ref-10)